



PATIENT

Bailey Puglise

SPECIES

Canine

BREED

Weimaraner

SEX

Spayed Female

AGE

5 years

WEIGHT

56 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Katara

INVOICE

30113

DATE

5/3/22

PRESENTING CLINICAL SIGNS

History: Patient presents for elevated T. bili, ALP, and GGT. Current meds: PPA 25mgs 1 1/2 BID.
Abnormal PE/Chem/CBC/UA Results: 12/9/21: ALP 290, T. bili 0.5. 4/28/22: ALP 259, GGT 16.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 6.29 cm. The capsule is smooth. A mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. Blood flow is within normal limits. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 5.63 cm. Findings are similar to the left kidney. Blood flow is within normal limits.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.65 cm at the cranial pole, 0.55 cm at the caudal pole and 2.38 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.58 cm at the cranial pole, 0.53 cm at the caudal pole and 1.45 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver



PATIENT	There are no obvious signs of hepatomegaly and its borders are smooth and sharp to mildly rounded. The liver's echotexture is diffusely coarse and slightly granular and it is slightly hyperechoic. Focal lesions are not observed. The walls of the portal veins are prominent and hyperechoic, which may be due to inflammation. No abnormalities are observed with the larger hepatic vessels visualized.
Bailey Puglise	
SPECIES	The gallbladder wall is thicker than normal (2.5 mm) and hyperechoic. A small amount of echogenic material is present within the GB. The sludge is free floating, gravity-dependent, and inspissated, forming nodules, which are adhered to the wall. It is difficult to tell whether the sludge casts acoustic shadows. Two views showed possible acoustic shadowing, i.e., choleliths cannot be excluded. The portions of the cystic duct observed is not dilated or tortuous, i.e. there are no signs of an obstruction.
Canine	
BREED	
Weimaraner	Gastrointestinal
SEX	A large amount of gas is present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.
Spayed Female	
AGE	The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. A few loops of bowel show a more prominent muscularis. No abnormalities are observed with the ileo-cecal-colic junction. Abnormally dilated loops of bowel are not observed.
5 years	The colonic wall is not thickened and mural detail is considered normal.
WEIGHT	There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.
56 lbs	
INTERPRETED BY	Pancreas
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	No overt abnormalities are observed with the parenchymal echogenicity or echotexture. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.
IMAGING PERFORMED BY	Other
Kelly Vazquez, CVT	Lymph nodes
HOSPITAL NAME	No abnormalities are observed
Ramapo Valley AH	
REFERRING VET	Abdominal effusion is not visualized.
Dr. Katara	ULTRASONOGRAPHIC FINDINGS
INVOICE	<ul style="list-style-type: none"> The diffuse hyperechogenicity of the liver is highly suggestive of a vacuolar hepatopathy, which may occur due to stress, or chronic illness. Hyperadrenocorticism is highly unlikely. Differential diagnoses, such as hepatitis, cholestasis, cholangitis/cholangiohepatitis and cholecystitis with a secondary bacterial infection cannot be excluded.
30113	
DATE	<ul style="list-style-type: none"> Gallbladder (GB) sludge is present, in addition to a mildly hyperechoic and thicker GB wall. It is difficult to tell whether the sludge casts acoustic shadows. Two views showed possible
5/3/22	



PATIENT

Bailey Puglise

acoustic shadowing, i.e., choleliths cannot be excluded, however, there is no evidence of an obstruction. Cholecystitis may be present based on the sonographic signs observed. The presence of sludge in the gallbladder is often clinically insignificant, however, some dogs may show clinical signs of gastroesophageal reflux disease (GERD), therefore, obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required depending on the patient's history.

SPECIES

Canine

- Changes are suggestive of age related degeneration. Mild bilateral mineralization is also noted, without signs of an obstruction. Blood flow is considered within normal limits.

BREED

Weimaraner

- The clinical significance of the mildly prominent muscularis layer of a few loops of jejunum is not known. Further diagnostics are not recommended if Bailey is not showing clinical signs of vomiting or diarrhea.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

5 years

Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required depending on the patient's history

A fine needle aspirate (FNA) of the liver may be pursued, however, a tissue biopsy is required to evaluate the hepatic architecture.

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Cholestasis, cholangitis/cholangiohepatitis and cholecystitis cannot be excluded and secondary ascending bacterial infections may occur. Although indiscriminate use of antibiotics is not normally recommended, one could begin treatment with a broad-spectrum antibiotic and reassess liver enzyme activities, including a GGT, in approximately 4 weeks, while Bailey is *still receiving* the antibiotics. If an improvement is observed, the antibiotic should be continued for an additional two weeks. If there is no improvement, fine needle aspirates or a biopsy may be performed at that time.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

+/- A hepatoprotectant may be prescribed, if desired.

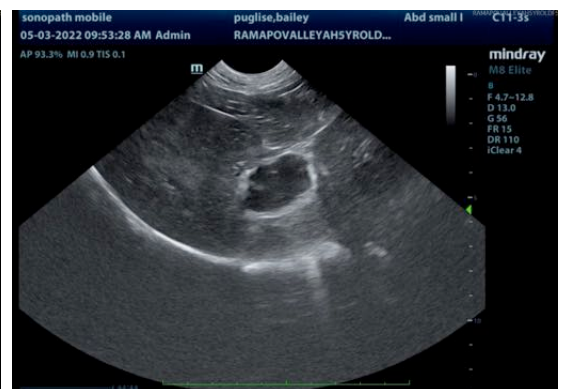
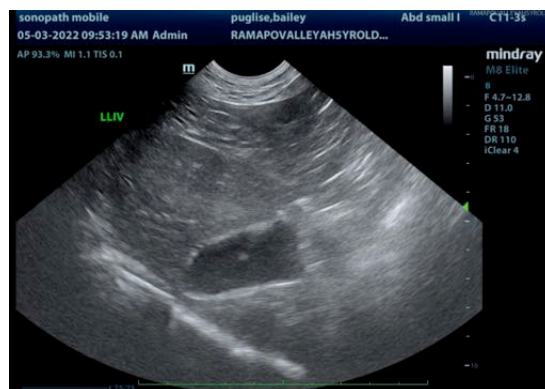
IMAGING PERFORMED BY

Kelly Vazquez, CVT

+/- A coagulation profile is suggested prior to performing a FNA. Administration of vitamin K (0.5 mg/kg SQ q8-12h for 1-3 doses) is suggested even if the results of the PT/PTT are within normal limits.

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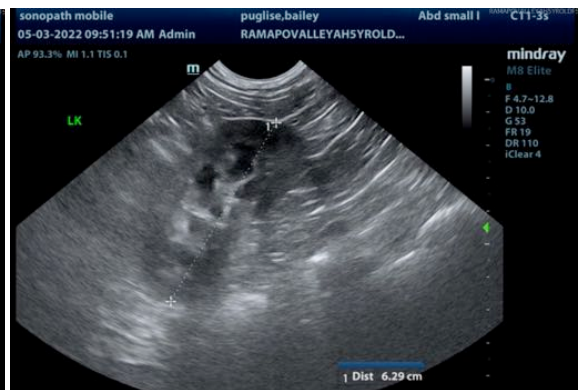
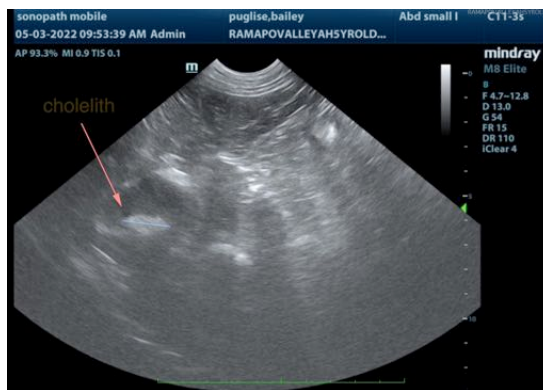
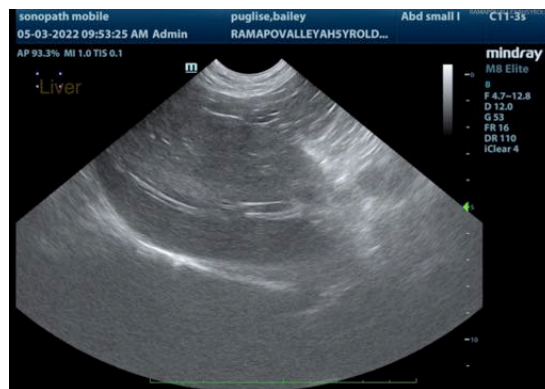
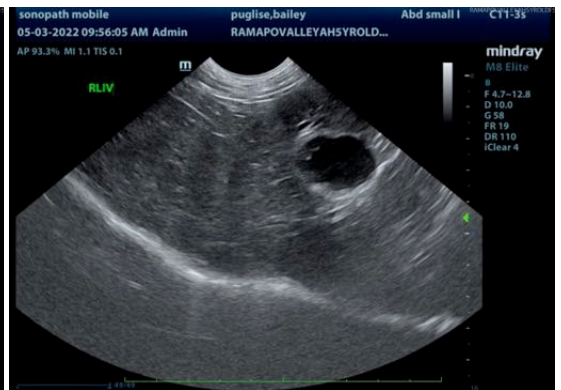
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com